VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08022

CERTIFICATE OF DEATH

8024

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
STREET ADDRESS (If rural give location) RFD 1

3. NAME OF DECEASED: (Type or Print) (First) INDIA (Middle) E. (Last) CARMEAN

4. DATE OF DEATH: (Month) August (Day) 13, (Year) 19 54

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: Sept 24, 1871 | 9. AGE last birthday 82 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Own home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John F. Pusey | 14. MOTHER'S MAIDEN NAME: Mary E. Dukes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) None | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: William C. Carmean, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 X
IMMEDIATE CAUSE (A) Hypertension + Stroke
ANTECEDENT CAUSE (B) DUE TO Cardio Vascular disease
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Overweight + Senility

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 54, to Aug 13, 19 54, that I last saw the deceased alive on Aug 9 19 54 and that death occurred at 4:00 P/M from the causes and on the date stated above.
SIGNATURE N. E. Antonius M. D. ADDRESS Pocomoke City Md DATE SIGNED 8/14/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8-15-54 | NAME OF CEMETERY OR CREMATORY Olivet Cemetery | LOCATION (City, town, or county) Princess Anne, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Aug. 15, 1954 | REGISTRAR'S SIGNATURE Anne E. White | 24. FUNERAL DIRECTOR ADDRESS Henry H. Watson, Pocomoke, Md.

RECEIVED
AUG 17 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (8023

8025

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin
LENGTH OF STAY (in this place) 23 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin
STREET ADDRESS (If rural give location) Queen City Blvd

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) MATTHEW FLETCHER CLARY

4. DATE OF DEATH: (Month) (Day) (Year) AUG. 26 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: MAY 15 1867

9. AGE last birthday 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ROTICED CARPENTER

10B. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED

11. BIRTHPLACE (State or foreign country): LAWRENCEVILLE VA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN CLARY

14. MOTHER'S MAIDEN NAME: UNKNOWN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) SPANISH-AMERICAN WAR

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MRS MATTHEW F CLARY BERLIN MD

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE 260X	(A) Diabetes Mellitus	
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Chron Nephritis DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-2-, 1954, to 8-26-, 1954, that I last saw the deceased alive on 8-26-, 1954, and that death occurred at 1.30 PM, from the causes and on the date stated above.

SIGNATURE Chas. R. Law M.D. ADDRESS Berlin Md. DATE SIGNED 8-27-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 8-28-54

NAME OF CEMETERY OR CREMATORY EXCELSIOR

LOCATION (City, town, or county) (State) BERLIN, MD

DATE REC'D BY LOCAL REGISTRAR 8-28-54

REGISTRAR'S SIGNATURE Helen J Hayward

24. FUNERAL DIRECTOR Anna A Burbage ADDRESS Berlin Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 2 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08024

8026

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) RFD #2

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Lee (Last) Dixon
4. DATE OF DEATH (Month) Aug (Day) 13 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June 3 1938
9. AGE last birthday 16 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry Helper
10b. KIND OF BUSINESS OR INDUSTRY Laundry
11. BIRTHPLACE (State or foreign country) Berlin Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Dickson
14. MOTHER'S MAIDEN NAME Marie Hadder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr John Dickson, Berlin, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

912.3

Immediate cause (a) Shock, Exsanguination sec & Traumatic — Interval Between Onset and Death: minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Disarticulation Rt Upper Extremity in

(c) Humeral joint, c̄ Separation / Clavicle & Anemia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Loc of all Blood Vessels & Nerves

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) Berlin (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) 8 (Day) 13 (Year) 54 (Hour) 12:30 am.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Caught Rt arm in centrifuge

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Herman A Rahlins (Degree or title) M D ADDRESS Dye Med Co. Berlin, Md DATE SIGNED 8/13/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/15/54
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 8-15-54
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Russ A Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08025

8027

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City; HOSPITAL OR INSTITUTION OR STREET ADDRESS 21st St & Phila Ave; MARYLAND LENGTH OF STAY (In this place) 1 DAY

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) Linden Apts Naylor St.

3. NAME OF DECEASED (Type or Print): (First) JACK (Middle) Dempsey (Last) FREEMAN

4. DATE OF DEATH: (Month) Aug (Day) 16 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: Feb. 22 1932

9. AGE last birthday: 22 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LINESMAN

10b. KIND OF BUSINESS OR INDUSTRY: Electrical

11. BIRTHPLACE (State or foreign country): Amelia C.H. Virginia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John R. Freeman

14. MOTHER'S MAIDEN NAME: Margaret Shelton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 245 44 8088

17. INFORMANT AND ADDRESS: John R. Freeman Jr 155 E. Main St Newark Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Electrocution (Accidental) — Interval between onset and death: 5 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street (CITY OR TOWN) Ocean City (COUNTY) Worcester (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 16 54 1:45 P m.

INJURY OCCURRED While at work ☑ Not while at work ☐

HOW DID INJURY OCCUR? Touched Live High Voltage Wire while climbing up Pole.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: H. Townsend, M.D. (Degree or title) Asst Deputy Medical Examiner for Worcester County ADDRESS: Ocean City, Md DATE SIGNED: Aug 17, 54.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 8-19-54 NAME OF CEMETERY OR CREMATORY: Greve Cemetery LOCATION (City, town, or county) (State): Greve. Va

DATE REC'D BY LOCAL REG. 8-17-54 REGISTRAR'S SIGNATURE: Helen I Hayward

24. FUNERAL DIRECTOR: Thomas A. Bunting ADDRESS: Berlin Md

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 18 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08026

Dr. Laury 8028 **CERTIFICATE OF DEATH** Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. # 1 Sal. Md. (St. Luke Rd)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Salisbury
STREET ADDRESS (If rural give location) R.D. # 1 Sal. Md.

3. NAME OF DECEASED: (Type or Print) (First) MARION (Middle) FRANCIS (Last) HALES

4. DATE OF DEATH: (Month) AUG (Day) 26 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 29, 1911

9. AGE last birthday: 43 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: On Own Farm

11. BIRTHPLACE (State or foreign country): Wicomico Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Paul T. Hales

14. MOTHER'S MAIDEN NAME: Virgie Fooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Viola Ann Hales (Wife) R.D. # 1

18. MEDICAL CERTIFICATION Salisbury, Maryland (St. Luke Rd.)

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Interval Between Onset And Death

Immediate cause (a) Coronary Thrombosis 9 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1950, to Death, 19....., that I last saw the deceased alive on 8-25-54, 19....., and that death occurred at 3 PM, from the causes and on the date stated above.

SIGNATURE Lee L Laury M.D. (Degree or title) ADDRESS Fruitland Maryland DATE SIGNED August 28 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 29, 1954
NAME OF CEMETERY OR CREMATORY Smullen Cemetery
LOCATION (City, town, or county) (State) St. Luke Rd. R.D. # Salisbury Md.

DATE REC'D BY LOCAL REGISTRAR 8-28-54
REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY ADDRESS SALISBURY MARYLAND
Walter R. Holloway Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 31 1954
BUREAU V. S.

08027

MARYLAND STATE DEPARTMENT OF HEALTH

8029

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (In this place) 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) [illegible] (Last) Hall
4. DATE OF DEATH (Month) Aug (Day) 9 (Year) 1954

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug 31 1880
9. AGE last birthday 74 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Garden farm
11. BIRTHPLACE (State or foreign country) Snow Hill Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Hall
14. MOTHER'S MAIDEN NAME Henrietta Boyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Lelia Hall - Neice

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Probably Coronary disease — Instantaneous

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
N. R. Antonius MD. Dep. Medicine Pocomoke City Md 8/9/54

23. [illegible] CREMATION [illegible] DATE THEREOF Aug. 12/54 NAME OF CEMETERY OR CREMATORY Ebenezer LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. Aug 11, 54 REGISTRAR'S SIGNATURE Ebenezer E. Cooper 24. FUNERAL DIRECTOR [illegible] ADDRESS Snow Hill Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

AUG 16 1954

BUREAU V. S.

Dr. Lowry

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08128

8030 CERTIFICATE OF DEATH Reg. Dist. No. 351

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. # 1 (St Luke)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Salisbury
STREET ADDRESS (If rural give location) R. D. # 1 (St Luke)

3. NAME OF DECEASED: (Type or Print) (First) GUSTAVE (Middle) ERNEST (Last) NEUMAN

4. DATE OF DEATH: (Month) AUG (Day) (9) (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 11, 1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired). Farming

10b. KIND OF BUSINESS OR INDUSTRY: On own Farm

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gustave Neuman

14. MOTHER'S MAIDEN NAME: No Record

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Fred C. Neuman (Son) R D. # 1 Salisbury Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cirrhosis of Liver DUE TO — Interval Between Onset And Death: 8 mon

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellatus 15yrs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug ....., 1946, to 8-9-54, 19 ....., that I last saw the deceased alive on 8-9-54, 19 ....., and that death occurred at 8:30 P.M. from the causes and on the date stated above.

SIGNATURE Lee L Lowry, M.D. (Degree or title) ADDRESS Fruitland, Maryland DATE SIGNED August 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug 12, 1954 NAME OF CEMETERY OR CREMATORY Smullen Family Cemetery LOCATION (City, town, or county) (State) R.D. # 1 Salisbury, Md

DATE REC'D BY LOCAL REGISTRAR Aug 11, 54 REGISTRAR'S SIGNATURE Elwyn E. Cooper

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY ADDRESS SALISBURY MARYLAND

Walter R. Holloway

RECEIVED
AUG 16 1954
BUREAU V. S.

Item 8 Film G168A 8/13/54 et

MARYLAND STATE DEPARTMENT OF HEALTH

08029

8031

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ocean City
LENGTH OF STAY (in this place) 48 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 Talbot St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
STREET ADDRESS (If rural, give location) 206 York Rd.

3. NAME OF DECEASED (Type or Print) (First) Lula (Middle) Euretta (Last) Roche
4. DATE OF DEATH (Month) Aug (Day) 3 (Year) 54
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 7 1886
9. AGE last birthday 7 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary
10b. KIND OF BUSINESS OR INDUSTRY Insurance
11. BIRTHPLACE (State or country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joseph Hetrick
14. MOTHER'S MAIDEN NAME Cecilia Bosley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Charles William Roche 206 York Rd Baltimore Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis Acute	2 hours 15 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Migraine

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. Asst Deputy Medical Examiner Worcester County Ocean City Md. Aug 3, 54.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 6, 1954
NAME OF CEMETERY OR CREMATORY Prospect Hill
LOCATION (City, town, or county) Towson (State) Md

DATE REC'D BY LOCAL REG. 8/3/54
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR [signature] B. Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 10
BUREAU V. S.

08030

MARYLAND 8032

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 351

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Worcester — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Snow Hill — HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 2 — MARYLAND — LENGTH OF STAY (in this place) Life

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Snow Hill — STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED (Type or Print): (First) Priscilla (Middle) H (Last) Smullen

4. DATE OF DEATH: (Month) Aug (Day) 2 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 10 1865

9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Thomas T. S. Dyker

14. MOTHER'S MAIDEN NAME: Elizabeth Denston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Paul Brown, Rt 2 Princess Anne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	Hours
Antecedent cause(s)	(b) Chronic Myocarditis	2 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Senility.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to Aug, 1954, that I last saw the deceased alive on July 6, 1954, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) P. Paulo Figanti — ADDRESS 20 Prince William St Princess Anne Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE Aug 4 1954 — NAME OF CEMETERY OR CREMATORY: Elegant Cemetery — LOCATION (City, town, or County) Rural Princess Anne — (State) Md.

DATE REC'D BY LOCAL REG. Aug 6, 54 — REGISTRAR'S SIGNATURE Edna E. Cooper — 24. FUNERAL DIRECTOR James Henson — ADDRESS Princess Anne, Md.

RECEIVED
AUG 9 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8033

08031

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Berlin — LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Berlin Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) THOMAS (Last) STEELE

4. DATE OF DEATH: (Month) Aug. (Day) 20 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3/7/1880

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Steel

14. MOTHER'S MAIDEN NAME: Mary A. Quillen Steel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Elizabeth Steel Berlin Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease — 5 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 5 years +

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cab Driver with emphysema — 2 years +

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 1949, to Aug. 20, 1954, that I last saw the deceased alive on Aug. 20, 1954, and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE: Theodore R. Townsend M.D. — (Degree or title) — ADDRESS: Ocean City, Md. — DATE SIGNED: 20 Aug 54

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE THEREOF: Aug. 22/54 — NAME OF CEMETERY OR CREMATORY: Bethel Cemetery — LOCATION (City, town, or county): Ocean View — (State): Del.

DATE REC'D BY LOCAL REG. 8/23/54 — REGISTRAR'S SIGNATURE: Helen Hayward mail

24. FUNERAL DIRECTOR: Watson & Gray — ADDRESS: Milford, Del.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 24 19 4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08032

8034 **CERTIFICATE OF DEATH** Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin
LENGTH OF STAY (in this place) All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS At home - Route # 3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin
STREET ADDRESS (If rural give location) Route # 3

3. NAME OF DECEASED: (Type or Print) (First) Isaac (Middle) Henry (Last) Warren
4. DATE OF DEATH: (Month) 8 - (Day) 7 - (Year) 1954
5. SEX: Male
6. COLOR OR RACE: A.A.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 1-9-1872
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months 6 Days 26 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Basket Maker
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (State or foreign country): Berlin, Worcester Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Warren
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Anna Lee, Berlin, Md., Route # 3

18. MEDICAL CERTIFICATION (a) Pulmonary Edema

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death 12 hours 3-4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardiovascular Disease — Several years (Unknown to patient or physician)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral inguinal hernia Rheumatoid arthritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-18, 1954, to 8-7, 1954, that I last saw the deceased alive on 8-7, 1954, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Leroy U. Seeley, Jr., M.D. ADDRESS Berlin, Md DATE SIGNED 8/10/54

23. BURIAL, CREMATION, REMOVAL (Specify) Berlin
DATE THEREOF 8-10-'54
NAME OF CEMETERY OR CREMATORY Germantown Cemetery
LOCATION (City, town, or county) (State) Berlin, Worcester Co., Md.
DATE REC'D BY LOCAL REGISTRAR 8/10/54
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Mary A. Stewart, ADDRESS 324 E. Church St. Salisbury, Md.

STEWART FUNERAL HOME

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08033

8035 CERTIFICATE OF DEATH Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY WORCESTER. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OCEAN CITY
LENGTH OF STAY (in this place) 1 MONTH.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1003 BOARDWALK

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTIMORE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE Co. (TOWSON)
STREET ADDRESS (If rural give location) 415 ALABAMA RD TOWSON MD

3. NAME OF DECEASED: (First) EMILY (Middle) LEE (Last) WHITELEY
(Type or Print) EMILY LEE WHITELEY

4. DATE OF DEATH: (Month) AUG. (Day) 9 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7) SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: SEPT. 19, 1909
9. AGE last birthday 44 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): TOWSON, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MARTIN LEE
14. MOTHER'S MAIDEN NAME: MARY COCKEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT & ADDRESS: MR. WM T. WHITELEY JR. 415 ALABAMA RD TOWSON MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) DUE TO	Coronary occlusion	4 hrs.
ANTECEDENT CAUSE (B) DUE TO	Coronary Sclerosis	8 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO		

420.1

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 July, 1954, to 9 Aug., 1954, that I last saw the deceased alive on Aug. 9, 1954, and that death occurred at 2:55 P.M., from the causes and on the date stated above.

SIGNATURE Nathaniel R. Thomas M.D. ADDRESS Oconee DATE SIGNED 10 Aug 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF August-12-54
NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery
LOCATION (City, town, or county) Towson, Maryland. (State)

DATE REC'D BY LOCAL REGISTRAR 5-11-54
REGISTRAR'S SIGNATURE R. W. Hennigh
24. FUNERAL DIRECTOR ADDRESS Stewart & Mowen Co., 108 W. North Av. Balto.